COUNTY OF PLACER
ACCESS TO HEALTH RECORDS REQUEST

*(For use by **HHS** clients requesting access to their own health records.)*

Patient/Client Identifying Information

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
STREET ADDRESS:	CITY/STATE/ZIP CODE:	TELEPHONE:
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	CASE NUMBER:

Organization Providing Information

[45 C.F.R.§ 164.522-164.528]

RECORD HOLDER: PLACER COUNTY ASOC	LOCATION OF RECORD:
DATE OF REQUEST:	

I am asking for access to the following health information:

- ☐ My Entire Record
- ☐ My Medical Records Only
- ☐ My Mental Health Records Only
- ☐ My HIV/AIDS Test Results
- ☐ My Social/Medical/Legal History
- ☐ My Treatment Attendance/Participation
- ☐ My Seclusion Restraint Information
- ☐ My Individual Treatment Plan
- ☐ My Immunization Records Only
- ☐ Other:
- ☐ For the following time period: From: _____ To: _____
- ☐ My Diagnosis (specify):
- ☐ My Evaluation/Assessment (specify, e.g.: bio-social, psychological, psychiatric):
- ☐ My Test/Testing Results (specify, e.g.: X-rays, EKG, labs, psychological, urinalysis):

Client Signature _____ **Date** _____

(See page 2 for client rights information)

For County Use Only:

Approved ☐

Denied ☐ Reason: _____

Delayed ☐ Reason: _____

If delayed, we will act on your request by _____

Comments: _____

Placer County Staff Signature _____ **Date** _____

Your Right to Access Your Health Information:

- You have a right to request access, look at or obtain information about yourself that is in HHS health records.

- You have a right to inspect your records within 5 working days, and to be provided a copy within 30 days of this ***Request***.

- You may be charged a fee, if you have accessed the same information within the past year.

- Your request may be denied if professionals involved in your case believe that access to your information could be harmful to you or others.

- Your request may be denied if your health information was given to us by someone other than a health care provider, under the promise of confidentiality.

- The reviewer must decide, within a reasonable time, whether to approve or deny your request. You will receive an answer in writing. The answer will include the reason for the decision.

You have a right to file a privacy complaint:

Individuals can file privacy complaints with either Placer County or with the U.S. Department of Health & Human Services.

Privacy complaints may be directed to any of the following:

COUNTY OF PLACER DEPARTMENT OF HEALTH & HUMAN SERVICES
Privacy Officer
11484 "B" Avenue
Auburn, California 95603
Phone: (530) 886-3621
Fax: (530) 886-3606

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
50 United Nations Plaza – Room 322
San Francisco, California 94102
Phone: 415-437-8310
TTY: 415-437-8311